The Correlation Of Resilience With Nurses Work Stress In Emergency Unit Rumah Sakit Al Islam (RSAI) Bandung

Abstract

Work stressors in the Emergency Unit is higher compared with the stressors in other units. The high level of work stressors can cause to job stress. Each individu actually has an ability to adapt and being flexible when they were faced to the internal and external pressure which is known by the term resiliency. The purpose of this research is to know the relationship between job stress resiliency in nurses who worked in the emergency unit Rumah Sakit Al Islam (RSAI) Bandung. Research conducted by descriptive correlative method using a total sampling so that all nurses in the Emergency Unit of Al Islam Hospital is 19 people. To examine the resiliency measure used RAS (Resiliency Attitudes Scale), whereas the work stress used job stress measuring device that were constructed based on the aspects of work stress expressed by Ivancevich and Matteson (1980). Test results obtained using T scores for univariate analysis and Mc Nemar for the bivariate analysis, using alpha significance value of 5% (α = 0.05). Based on it obtained value was calculated = 0.04 <3.841 = 0.05; 1 the Ho accepted, this indicates there was no association between the occurrence of workplace stress with resiliency in nurses who work in the emergency unit of Rumah Sakit Al Islam (RSAI ) Bandung.

Keywords: Resilience; Work stress; Emergency nurse

A. Introduction

In everyday life, humans can not avoid the amount that comes out of stress in different environments. One of the most potentially stressful environments is a work environment where the workload of work is truly acceptable to employees or workers they have. Stress that is meaningful and related to everything about the work environment is called work stress. Job stress is the second largest source of stress after marital problems (Hawari, 1997). Sources of job stress consist of work situations, role problems, interpersonal relationships, career development opportunities, and organizational structure (Jacinta, 2002). Meanwhile Arnold, Robertson, and Cooper (1995) in Zadeh (2008) regulate that improvement, lighting,
length of work, and workload increase work stress. Sources of work stress can be created factors that affect each individual increasing stress in the work environment.

According to Spector, Chen and O’Connell (2000) in Rahardjo (2005), work stress has long been developed and produces factors that greatly affect the health and well-being of individuals. Job stress attracts losses not only to individuals who are owned but also by where they work. The losses experienced by this organization can be seen from the decline in productivity to material losses.

The issue of work stress has become an important issue since the emergence of considerations for efficiency at work. As a result of work stress is an individual who becomes nervous, satisfied with critical thinking, more passionate about the process, thinking and physical condition of the individual. In addition, as a result of individual work stress overcoming some of the stress that can be facilitated and work commitments, such as irritability and aggression, being unable to relax, unstable logistics, uncooperative attitudes, feelings of being unable to interact, and problems with sleep problems (Luthans, 1992). Meanwhile, for institutions related to work stress are challenges, obstacles and disruptions to work, and a decrease in the efficiency of institutions and related parties.

Job stress can occur in all jobs, there are only certain jobs which are very vulnerable to work stress and one of the jobs is nurses. 50.9% of Indonesian nurses working in four provinces in Indonesia need work stress according to the Indonesian National Nurses Association (PPNI). Based on research conducted by Heim (1992), nurses 'work stressors were found to be higher than doctors' work stressors, as well as the main work stressors for nurses receiving "care and attention" to patients. Still according to Heim (1992) Associated with stress that can cause depression and cause self-events, which is believed to cause incidences in women 5-6x higher than men.

Jakscon and Schuller (1999) state that work is a service to humans that causes stress. According to Fauzi (1999) gas station employees, workers in the textile industry, telephone operators, employees, and nurses Workload that is too much pressure for nurses that can cause work stress.

Individuals themselves have the ability to be able to adjust to a high and flexible when faced with internal and external pressures known as resilience (Block in Klohn, 1996 in Chandra 2009). Resilience is also referred to by Wolin and Wolin (Bautista, Roldan & Bascal, 2001 in Chandra, 2009), as coping skills when faced with life challenges or the ability of individuals to stay healthy (wellness) and continue to improve themselves (self improvement). On the other hand, resilience is a universal capacity and with that capacity, individuals, groups as well as capable communities, minimize or fight that can damage when they are fixing problems or burdens of life (Groberg, 1995 in Chandra, 2009).

Individuals who have resilience are able to overcome differences in the environment. Resilient individuals are individuals who have good intelligence, easily accepted, social temperament, and attractive personalities, which ultimately contribute to self-esteem, competence, and feelings as they succeed (Banaag, 2002 in Chandra, 2009). So resilient nurses have greater importance and do not easily fall ill with a compilation of wins and workloads.

Job stress in the scope of nursing work will vary in degree, depending on the stressor in the work unit and the response to the stressor. When looking at several studies, it is known that the level of work stressor in the emergency department is higher compared to other work units (Sexton, J.B, 2000 in Niven, 2000).

In hospitals, in the effort to facilitate services, service units are formed namely; outpatient unit, inpatient unit, intensive care unit (ICU) and emergency unit (ER). The health unit that organizes emergency services is called the Emergency Unit (Azwar, 1996 in Aprianto, 2009). The emergency department, is a very important part because the community requests first aid in the unit on an ongoing basis. In emergency services, emergency services are carried out 24 hours a day. Emergency services are services provided to clients who are suddenly in a state of emergency or will become critical and endangered their lives or their limbs will become disabled if they do not get help (MOH, 1995).
Based on the profile of Al Islam Hospital (RSAI) Bandung in 2009, RSAI Bandung is a hospital that has a bed capacity of 275 units. RSAI Bandung has Emergency Facilities (UGD) facilities. The Emergency Department of RSAI Bandung employs 19 nurses, all nurses in the emergency room with the latest D3 nursing degree. The average number of emergency room patient visits in 2009 was 138 people per day and the average monthly visit was 4147 patients.

Based on the results of an interview with the Head of the Emergency Room Unit (RSU) RSAI Bandung, he said that the number of nurses in the Hospital RSAI Bandung is still less than the standard, he said ideally for seven to eight people per shift while the current for each shift, guarded by five nurses. Then he said before there had been nurses asking to come out and for the current month there would also be two people coming out.

Based on the results of a preliminary study researchers conducted on five nurses working in the Emergency Unit (UGD) RSAI Bandung, it is known that some nurses showed symptoms of stress, as many as five nurses complained of changing / irregular sleep patterns, four people complained of changing eating patterns , two people felt heart palpitations and sweating more than usual, and one person complained of insomnia and fatigue / fatigue, tension in the neck and shoulder area, disturbed digestion, and felt dizzy. In the last three months namely September, October, and November found 12 people who were sick. With a different length of time that is three people for three days, two people for five days and 7 people for 12 days.

In addition, respondents also showed resilience characteristics: one nurse was difficult to laugh, easy to cry, difficult to concentrate, hard to think clearly, felt disappointed and refused with his current condition, felt he did not know what to do or where to start, did not have a target must be achieved while working and not having someone as a role model who can change me for the better.

Based on the above phenomenon, the authors feel interested in conducting research with the focus of research is the extent to which nurses have resilience in dealing with work stress at the Hospital, especially the Emergency Unit (ER). This is necessary to determine the relationship of resilience to the stress of work nurses who work in the Emergency Unit (UGD) Al Islam Hospital (RSAI) Bandung.

B. Literature Review

1. Work Stress

Stress is the body's non-specific response to any demands on it. For example, how does a person's body respond when they are experiencing excessive workload. Someone who is experiencing stress can be seen from physical, psychological and behavioral changes (behavior changes) (Hawari, 2002). According to Ivancevich and Matteson (2006), Stress is an adaptive response, which is influenced by individual differences and / or psychological processes, which are consequences of external actions (environment), situations or events that result in psychological and / or physical tension towards a person. External actions, events and situations are known as sources of stress. The definition of work stress according to Ivancevich and Matteson (2006) does not differ greatly from the definition of stress in general, which is an adaptive response that is a consequence of the demands of the work environment that result in psychological and or physical tension of a person.

Stress arises when individuals are confronted with demands both physical and psychological that come from the environment. If the individual understands that the demand exceeds the capacity or ability possessed by the individual and the individual is unable to adjust to the situation at hand, it will cause a feeling of pressure on the individual. As a result, from this pressure will bring up reactions both physical and psychological in individuals who experience stress. Each person will experience that stress differently, there are individuals who are slumped due to stress and some are actually motivated by stressful situations, one of the things that causes differences is individual perceptions and differences, such as gender, self-esteem, and personality (Ivancevich & Matteson, 2006).

2. Concept of resilience

Resilience is the process of still struggling when faced with difficulties, problems, or suffering (Wolin & Wolin, 1993). According to Reivich and Shatte (2002) is the ability to adapt and
remain firm in difficult situations. Meanwhile, according to Banaag (2002) in Chandra (2009), states that resilience is a process of interaction between individual factors and environmental factors. These individual factors function to hold self-destruction and carry out positive self-construction, while environmental factors function to protect the individual and "soften" the difficulties of the individual’s life. According to Wolin and Wolin (1999), there are seven main characteristics possessed by skilled individuals. It is these characteristics that make an individual able to adapt well when dealing with problems, overcome various obstacles, and develop their full potential. Each of these characteristics has a different form in each stage of development (children, teens, adults). In childhood, these characteristics have not been apparent for them and have been built on intuition. In adolescence, these characteristics appear in conscious and purposeful behavior. Whereas in adulthood, these characteristics become broader and deeper, becoming an individual part.

Insight is the ability to understand and give meaning to situations, people around, and verbal and nonverbal nuances in communication (Wolin & Wolin in Hurtes & Allen, 2001). According to Wolin and Wolin (1999), individuals who have insight are able to ask challenging questions and answer them honestly. This helps them to be able to understand themselves and others and can adjust to various situations (Wolin & Wolin in Hurtes & Allen, 2001). According to Mayer (in Benard, 2004), children who understand themselves well also have clarity about their emotional state and can carry out adaptive emotional regulation.

Independence is the ability to distance yourself emotionally and physically from the source of problems in one's life (Wolin & Wolin, 1949). Independence involves the ability to maintain a balance between being honest with yourself and caring for others. Independent people are not ambiguous and can say "no" firmly when needed. He also has a positive and optimistic orientation for the future (Wolin & Wolin in Hurtes & Allen, 2001).

Someone who is resilient can develop honest, supportive and quality relationships for life, or have healthy role models (Wolin & Wolin in Hurtes & Allen, 2001). According to Wolin and Wolin (1999), these characteristics develop in childhood in contact behavior, that is, developing small bonds with others who want to be emotionally involved. Adolescents develop relationships by engaging (recruiting) with supportive and helpful adults and peers. In adulthood, relationships mature in the form of attachment, which is a mutually beneficial personal bond where there are characteristics of giving and receiving.

According to Wolin and Wolin (in Hurtes & Allen, 2001), initiative is a strong desire to be responsible for life. Resilient individuals - being proactive, not reactive, responsible for solving problems, always trying to improve themselves or situations that can be changed, and improve their ability to deal with things that cannot be changed. They see life as a series of challenges that they are able to overcome. Benard (2004) states that resilient children have goals that lead their lives consistently and they show a real effort to succeed in school.

Wolin and Wolin (1999) state that in children, initiative is seen in the form of world exploration and various behavioral trials and errors. This develops in the form of work, problem solving, as well as a variety of behaviors and activities that are directed at the goal (working) in adolescence. In adulthood, they produce and create things, concepts, ideas, plans; they like to do various projects and like to solve challenging situations (generating). Benard (2004) states that the initiative is also shown by the existence of an interesting effort and use of inner resources and assistance from others to achieve goals.

Creativity involves the ability to think about a variety of choices, consequences, and alternatives in facing life’s challenges. Resilient individuals are not involved in negative behavior because they are able to consider the consequences of each behavior and make the right decision. Creativity also involves the power of imagination used to express oneself in art, and makes a person able to entertain himself when facing difficulties (Wolin & Wolin in Hurtes & Allen, 2001). According to Benard (2004), resilient children are able to creatively use what is available for problem solving in situations of limited resources. In addition, other forms of creativity are also seen in the interests, interests, and creative activities of the imaginative.

According to Wolin and Wolin (in Hurtes & Allen, 2001) humor is the ability to see the bright side of life, laugh at yourself, and find happiness in any situation. Someone who is resilient uses
his sense of humor to look at life's challenges in a new and lighter way. A sense of humor makes hard times feel lighter. As explained earlier, Wolin and Wolin (1999) state that in childhood and adolescence, humor develops in the same form as creativity. In adulthood, a sense of humor manifests in the ability to see strange, funny, or pleasant things in adversity and suffering; the ability to reduce suffering with a joke (laughing).

Morality or orientation to values is marked by the desire to live well and productively. Resilient individuals can evaluate things and make the right decisions without fear of the opinions of others. They can also overcome self-interest in helping people in need (Wolin & Wolin in Hurtes & Allen, 2001). According to Wolin and Wolin (1999), morality is the ability to behave on the basis of conscience. Children develop morality by judging and distinguishing between good and evil, right-wrong, good-bad (Judging). In adolescence, morality is sharper with values, principles that underlie behavior and decision making (valuing). Morality that develops in adulthood is manifested in a sense of obligation to contribute to the welfare of others (serving).

3. ER Nurse

According to Kusnanto (2004), the role of nurses is the role of the executor, namely acting as a comforter, protector, advocate, communicator, and rehabilitator. The nurse's role as the implementer includes the actions taken by the nurse when carrying out the responsibilities indicated to meet the care needs of individuals, families, groups, or communities. The role of nurses as educators can be in the form of health education to clients (individuals, families, groups, and communities); the role of manager is to monitor and guarantee the quality of nursing care/services and to organize and control the nursing service system; and the role of researchers is to be able to identify research problems, apply research principles and methods and utilize research results to improve the quality of care or nursing services and education.

Emergency room nurses are required to provide nursing services to patients who are suddenly in a state of emergency or will become critical and threatened with life or limbs will become disabled if they do not get help. According to the Ministry of Health (1995) the purpose of emergency services is to prevent death and disability (to save life and limb) in emergency patients, refer emergency patients through a referral system to obtain more adequate treatment, and deal with disaster victims.

C. Methods

1. Research Design

This type of research used in this study is descriptive correlational. The independent variable in this study is resilience and the dependent variable is the work stress of nurses.

2. Participants/Respondents/Population and Sample

The population in this study were all nurses who worked in the emergency room of Al Islam Bandung Hospital, amounting to 19 emergency room nurses. Samples were taken by means of "Total Sampling".

3. Data Collection

To obtain data in accordance with the objectives of the study, researchers used data collection techniques with questionnaires. Work stress variables are measured by a measuring instrument designed by Vigi Sugi Raharto in 2007 which was constructed based on the sources of work stress proposed by John M. Ivancevich and Michael Matteson (2006). This measuring instrument is suitable for measuring nurses' work stress, so there is no need for an instrument trial in the data processing process with a reliability value of 0.896. The instrument used to examine resilience of respondents is the resilience instrument measured by the Resiliency Attitudes Scale (R.A.S.) research instrument created by Biscoe and Harris (1999) based on the resilience theory put forward by Wolin and Wolin (1993). This instrument is to measure the level of resilience of nurses in facing difficulties or problems that occur while working in the hospital emergency room. Resiliency Attitude Scale (RAS) has been tested for validity and reliability. Published retest test results of 0.799-0.869 (Clemente, 2001 in Keller, 2003). As for work stress, it has a reliability coefficient (r) of 0.896. Referring to the Cronbach Alpha reliability criteria, the measuring instrument does not need to be tested for validity and reliability.
4. Data Analysis

To determine the categories of work stress nurses in the Emergency Room (UGD) Al Islam Hospital (RSAI) Bandung obtained by looking at the measurement results from the T score. Criteria to determine the weight or the extent of the nurse's meaning to the high and low of resilience, used the median calculation. A high score is when the score is above the median and a low score if the score is below the median or the same as the median. To find out the relationship between resilience and work stress of nurses working in the emergency room at RSAI Bandung, the Cramer conversation method was used.

D. Results and Discussion

1. Results

This research was conducted on 19 respondents namely nurses who work in the Emergency Unit of Al Islam Hospital in Bandung. This study aims to determine the relationship of resilience with work stress nurses. From the results of the study, categorization of work stress and resilience was carried out. For the category of resilience divided into categories of high resilience and low resilience, while for the category of work stress divided into high and low categories. Furthermore, the relationship test for the two variables is also performed. The Results is low work stress 47.37%, as many as 9 people and high work stress 52.63%, as many as 10 people. High resilience 57.89%, as many as 11 people and low resilience 42.11%, as many as 8 people. 11 nurses who had high resilience, namely 4 people (36.36%) were at high work stress and 7 people (63.64%) were at low work stress. 8 nurses with low resilience, ie 6 people (75%) were in high work stress and two people (25%) were in low work stress.

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<tr>
<th>Resilience</th>
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<td>High</td>
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<td>36.84</td>
<td>11</td>
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<td>Low</td>
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<td>10.53</td>
<td>6</td>
<td>31.58</td>
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There is no association between the resilience variable with the work stress variable of nurses working in the emergency room at RSAI Bandung. A contingency coefficient (C) of 0.12 is obtained, meaning that the close relationship between resilience and work stress is 12% and it is a weak relationship.

2. Discussion

High or low nurses work stress will be seen in the results of interactions with their environment, which is an adjustment response that is associated with individual differences or psychological processes caused by external factors, actions, situations or opportunities that place psychological or physical demands in individuals excessively (Ivancevich & Matteson, 2006). In other words, work stress is an appreciation of feelings of distress felt by nurses in a work environment that is perceived negatively by nurses. Ivancevich and Matteson (in Sugi, 2008) state that one of the variables that distinguishes an individual's reaction to stress is perception. In addition, each person will experience the stress differently, there are individuals who suffer from stress and some are actually motivated by stressful situations.

A stressor is experienced by different individuals. There are several factors that become moderators between stressors, stressors, and their consequences. Moderator is a condition, behavior or characteristics that meet the conditions of the relationship between two variables, including the individual's perception of the situation, past experience, social support, and
individual differences (Ivancevich & Matteson, 2006). Individual differences distinguish nurses' ability to deal with sources of stress, whether they are individuals who are vulnerable to stress or vice versa, then influenced by the cognitive value of each nurse.

Each nurse will interpret the demands of the work environment differently, because each nurse has different experiences, hopes, and needs. Based on the calculation results, it is found that as many as 10 nurses (52.63%) perceive demands from this work environment as negative or burdensome, this means the demands of the work environment are not in accordance with the experiences, expectations, and needs of nurses, and if conditions this continually faced by nurses will cause unpleasant feelings and will be lived as a pressure for nurses, which in turn will affect the physical and psychological condition of the nurses. This is shown like many nurses who experience fatigue, feel dizzy, heart palpitations, sweat more than usual and have difficulty concentrating, so it can be said that nurses experience high work stress.

The quality of resilience is not the same for each individual, because the quality of resilience of a person is largely determined by the level of age, level of development, intensity of someone in dealing with unpleasant situations, and how much social support in the formation of a person's resilience (Grotberg in Desmita, 2008). According to Masten and Coatswerth (in Davis, 1999), said that to identify resilience requires two conditions, namely the first is the presence of a significant threat to individuals (threats in the form of high risk status or overtaken chronic misfortune and trauma) and the second is the quality of adaptation or development classified as good individuals.

Based on the calculation results, it is found that as many as 11 nurses (57.89%) have the ability to deal with difficulties or problems that occur while working in the Emergency Unit (ER) of the hospital. This means that nurses are able to interact well between individual factors with environmental factors. These individual factors function to hold self-destruction and carry out positive self-construction, while environmental factors function to protect individuals and soften the difficulties of individual life (Bannag, 2002). It also means that nurses have good quality of adaptation or individual development. Someone who has high resilience has coping skills when faced with life challenges or the capacity of individuals to stay healthy (wellness) and continue to improve themselves (self repair).

For the associational level, the value of C = 0.12 means that the close relationship between stress level and resilience is 12% and it is a weak relationship. Based on the results of data processing, it can be interpreted even though there is no association but has a close relationship or meaning between resilience and work stress has a significant relationship even though the relationship is a weak relationship.

The results of the study that the authors make are in line with the statement of Aitken and Morgan (1999), which revealed that individuals with high resilience have better social support and have low stress. Stress experienced by individuals, tends to make ways of thinking become inaccurate. That brings individuals to become non-resilient in facing problems, in this case, demands from the work environment. Stress endangers the immune system, which allows individuals to become sick more often. Individuals with good resilience are able to deal with problems well, able to control themselves, able to manage stress well by changing the way of thinking when dealing with stress.

Resilience allows individuals to stay focused on the real problem, and not distract into negative feelings and thoughts, so that individuals can overcome the risk of work stress and many challenges. Thoughts and feelings are the core in understanding individuals in order to increase resilience. A number of facts show that cognitive therapy based on aspects of resilience is very effective in dealing with depression (Reivich & Shatte, 2002).

Rutter (in Isaacson, 2002) sees resilient individuals as those who successfully face difficulties, overcome stress or pressure, and rise from lack. Individuals with good resilience are optimistic individuals, who believe that things can change for the better. Individuals have hope for the future and believe that individuals can control the direction of their lives. Optimism makes physical healthier and reduces the possibility of suffering from depression. Resilience is the capacity to respond healthily and productively when dealing with misery or trauma, which is needed to manage the stresses of daily life (Reivich & Shatte, 2002).
Overall, the contribution made from the resilience variable to the work stress variable of nurses in the Emergency Department of RSAI Bandung was 12%. This means that the remaining 88% is caused by other factors that can affect work stress on nurses in the RSAI emergency room. The results of this study are caused by there being a more dominant factor in influencing the work stress of nurses in the Hospital Emergency Unit. In Ivancevich and Matteson (2006), the factors that influence work stress are individual perceptions and differences, such as gender, self-esteem and personality types (type A and type B). In addition, according to Mc Vicar (2003) individual responses to stressors depend on "hardiness" stress, characteristics, experiences, coping mechanisms, and factors that affect individual stress to an event, namely intellectual, motivational and personality factors. This might be the cause of the absence of an association between resilience and work stress of nurses in the Emergency Unit of Al Islam Hospital in Bandung.

E. Conclusion

19 nurses working in the RSAI Bandung emergency room showed 9 nurses perceiving demands of this work environment as negative or burdensome or were at high work stress. While as many as 10 nurses perceive demands of the work environment as mild or are at low work stress. The ability of nurses in dealing with difficulties or problems that occur while working or resilience in 19 emergency nurses RSAI Bandung, shows that 11 nurses are at high resilience and as many as 8 nurses are at low resilience. As for the relationship of resilience to the stress of work nurses who work in the emergency room RSAI Bandung there is no association where the level of association between the two variables is a weak relationship. This is caused by there being a more dominant factor in influencing the work stress of nurses in the Emergency Unit (UGD) of Al Islam Hospital (RSAI) Bandung.

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